

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY (INCLUDE RETURN RECEIPT CARD WITH NOTICE)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
NOTICE OF CHILD CUSTODY PROCEEDINGS FOR AN INDIAN CHILD (Juvenile Court)	CASE NUMBER:

NOTICE BY REGISTERED MAIL-RETURN RECEIPT REQUESTED TO:

☐ Mother ☐ Father ☐ Tribe ☐ Indian Custodian ☐ Bureau of Indian Affairs

SEND TO: 

1a. CHILD'S NAME	1b. DATE OF BIRTH
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1c. PLACE OF BIRTH (city, state, and, if applicable, reservation)

2. CHILD IS REPORTED TO BE ELIGIBLE FOR THE FOLLOWING TRIBE OR BAND (name each)

3a. NAME OF CHILD'S MOTHER (include maiden name and any other names she has used)

3b. TRIBAL AFFILIATION OF CHILD'S MOTHER (include all tribes or bands named by mother or relative)
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4a. NAME OF CHILD'S FATHER (include other names he has used)
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4b. TRIBAL AFFILIATION OF CHILD'S FATHER (include all tribes or bands named by father or relative)
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Based on a petition filed (date): _____ the child has been temporarily placed in the custody of the county welfare department, probation department, or Indian custodian named below:

5. COUNTY WELFARE DEPARTMENT (address)	6. PROBATION DEPARTMENT (address)
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7. INDIAN CUSTODIAN (name each and indicate tribe)
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8. NAME OF SOCIAL WORKER/PROBATION OFFICER	TELEPHONE NUMBER
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HEARING INFORMATION

9. DATE OF NEXT HEARING:	TIME:	DEPARTMENT:	TYPE OF HEARING:
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Located at: ☐ Superior Court address on page 1 of this form.
☐ Other:

CERTIFICATE OF MAILING

(To be completed by social worker, probation officer, or clerk of juvenile court)

I certify that I am not a party to this cause and that an endorsed-filed copy of the foregoing notice, with a copy of the petition, was mailed as follows: Each copy was enclosed in an envelope with postage for registered mail, return receipt requested fully prepaid. The envelopes were addressed to each person, tribe, or bureau as indicated on page 1. Each envelope was sealed and deposited with the United States Postal Service at (place): On (date):

(DATE)

(TYPE OR PRINT NAME)

(SIGNATURE)

UNDER THE INDIAN CHILD WELFARE ACT:

1. The natural (biological) parents, any Indian custodian, and the child's tribe have the right to be present at all hearings.
2. The natural (biological) parents, any Indian custodian, and the child's tribe have the right to intervene at any point in the proceedings.
3. The parents or Indian custodians have a right to be represented by a lawyer. If they cannot afford to hire one, a lawyer will be appointed for them.
4. If the child's tribe, any parent, or Indian custodian requests it, the court will permit the hearing to be held up to 30 days after receipt of this notice.
5. The date, time, and place of the hearing are on the first page of this form.
6. The parent(s), Indian custodian(s) or the child's tribe has the right to petition the court for a transfer of the proceedings to the child's tribal court. They also have the right to refuse to permit the case to be transferred.
7. The proceedings could lead to the child being removed from the custody of the parent or Indian custodian and possible adoption of the child.
8. Juvenile Court proceedings are confidential. Information concerning the juvenile court proceedings should be kept confidential.

INFORMATION ON CHILD WHO IS THE SUBJECT OF A CUSTODY PROCEEDING (Please indicate if any of the information requested below is unknown or non-applicable.)

Birth Mother	Birth Father
NAME (including maiden, married, and former or aliases)	NAME (including former or aliases)
ADDRESS (current and former)	ADDRESS (current and former)
BIRTH DATE AND PLACE	BIRTH DATE AND PLACE
TRIBE, BAND, AND LOCATION	TRIBE, BAND, AND LOCATION
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME	IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME
IF DECEASED, PLACE OF DEATH	IF DECEASED, PLACE OF DEATH

Maternal Grandmother	Maternal Grandfather
NAME (including maiden, married, and former or aliases)	NAME (including former or aliases)
ADDRESS (current and former)	ADDRESS (current and former)
BIRTH DATE AND PLACE	BIRTH DATE AND PLACE
TRIBE, BAND, AND LOCATION	TRIBE, BAND, AND LOCATION
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME	IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME
IF DECEASED, PLACE OF DEATH	IF DECEASED, PLACE OF DEATH

Paternal Grandmother	Paternal Grandfather
NAME (including maiden, married, and former or aliases)	NAME (including former or aliases)
ADDRESS (current and former)	ADDRESS (current and former)
BIRTH DATE AND PLACE	BIRTH DATE AND PLACE
TRIBE, BAND, AND LOCATION	TRIBE, BAND, AND LOCATION
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME	IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME
IF DECEASED, PLACE OF DEATH	IF DECEASED, PLACE OF DEATH

Maternal Great-Grandparents	Paternal Great-Grandparents
NAME (including maiden, married, and former or aliases)	NAME (including former or aliases)
ADDRESS (current and former)	ADDRESS (current and former)
BIRTH DATE AND PLACE	BIRTH DATE AND PLACE
TRIBE, BAND, AND LOCATION	TRIBE, BAND, AND LOCATION
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME	IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME
IF DECEASED, PLACE OF DEATH	IF DECEASED, PLACE OF DEATH

- ☐ Birth father is named on birth certificate.
- ☐ Birth father has acknowledged paternity.
- ☐ There has been a judicial declaration of paternity.
- ☐ Multiple fathers (see attached sheet).

1. The following questions may be helpful in tracing the ancestry of any person alleging Indian descent.

Have you or any members of your family ever:

(1) Attended an Indian school? ☐ Yes ☐ No

Name/Relationship	Type(s) of Schools	Date(s) Attended	Location of School(s)

(2) Received medical treatment at an Indian health clinic or public health service hospital? ☐ Yes ☐ No

Name/Relationship	Type(s) of Treatment	Date(s) Treatments Received	Location Where Treatment(s) Received

(3) Lived on federal trust land, a reservation, a rancheria, or Indian allotment? ☐ Yes ☐ No

Name/Relationship	Specify Name and Address of Location(s)	Date(s)

2. Tribal Affiliation and Location (Check appropriate box - A, B, or C)

A. ☐ 1906 Final Roll

If a client alleges to be of Cherokee, Choctaw, Chickasaw, Creek or Seminole ancestry from Oklahoma, the name of a relative must be provided who might have been enrolled in the final roll prepared in 1906 by the Dawes Commission (referred to as the "1906 Final Roll").

(RELATIVE'S NAME)

B. ☐ Roll of 1924

If a client alleges to be of Cherokee ancestry, but from another state such as North Carolina, Georgia, Mississippi, or another Southeastern area state; the client may be descended from the Eastern Band of Cherokees. To prove descendency from the tribe, one must be related to a person listed on the Roll of 1924 for the Eastern Band of Cherokees.

(RELATIVE'S NAME)

C. ☐ California Judgement Rolls

REMARKS: (Use this space to note any additional information which may be of assistance in establishing the child's Indian ancestry.)